Trauma System Oversight and Management Committee
Marriott Richmond-West
Richmond, Virginia
December 6, 2007 at 11:30 am

Members Present:	OEMS Staff:	Guests:
Morris Reece – Chair	Paul Shape	Ellen Harvey
Lisa Wells	Jodi Kuhn	Carol Gilbert
Barbara Hawkins	Wanda Street	Bobby Baker
DeeDee Soyars		Ajai Malhoutra
Kathy M. Butler		John Hyslop
Valeria Mitchell		Larry Roberts
Lou Ann Miller		Sue Bergstrom
David Edwards		
Stanley Heatwole		
Denice Greene		
James Forrest Calland		
Mindy Carter		
Raymond Makhoul		
Susan Ward		
Andi Wright		
Nancy Martin		
Elton Mabry		
Leanna Harris		
Leonard Weireter		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Nurse Coordinators Meeting:	Trauma stakeholders discussed the contents of supply caches with State Emergency Planners and other key stakeholders between 10 a.m. and 11:30 a.m.	
Call to order:	Meeting was called to order by Mr. Reece at 11:50 a.m.	
Introductions of first time guests:	Everyone around the table introduced themselves.	
Approval of Minutes from September 6, 2007 meeting:	The minutes were approved as submitted.	A motion was made to approve the minutes as submitted.
Chair/Vice Chair Report	Mr. Reese gave the floor to Dr. Carol Gilbert to update everyone on the meeting that was held this morning concerning the supply caches. The trauma stakeholders were asked by the VHHA to administer the ASPER and HRSA funds for hospital disaster management. Dr. Gilbert reported that the grant program, which is a five year cycle, looks at the development of hospital disaster management specifically with regards to hospitals throughout the state. Over the years as the different regions have acquired equipment and materials, some the materials have exceeded their shelf life and needed to be repurchased. So the state is looking at a vendor managed inventory system for certain items that are disposable and have expiration dates.	

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	One of the things we are looking at is the basic vendor managed inventory program that could be used statewide and pushed out to the regions within a period of 12 to 24 hours. The second item was to make some recommendations for regions who request items to help take care of trauma and burn patients. There are three areas of money that they are looking at; one is a relatively small initial amount for the vendor managed inventory. We do hope to continue this for a number of years. We are technically not Pandemic Flu people, but some of the supplies for Pandemic Flu can be used for trauma or burn patients in the event of a conventional type disaster. And the final area of money would be the regional funds that are earmarked for specific regions for disaster management. We decided as a group that we need to look at really large major events such as 500 to 1,000 casualties. We discussed that whatever we purchase should be able to be used in several different ways and not on one kind of patient. Items should be simple, easy to use and widely used with a minimal amount of teaching, such as space blankets. We are presently putting together a document that will outline some of these principles and will include a list of the things we discussed today. We will be getting together in a phone conference and meeting at a later date. We will also present this to the trauma committee and the VHHA once it is complete. We also discussed the need for training and education. One of the strategies to increase our capacity is to keep some of the less severe trauma or burn patients out of the major trauma or burn centers during a major disaster. So we will be looking at means of getting this training out to the non-designated facilities so they will be confident that they can properly care for these patients. Per Mr. Reece, this initial phase is about a six month process and it will probably be the focus of the June meeting. Dr. Malhotra asked who will declare the event and how will it be coordinated. Dr. Gilbert answered that each region has a regional hospital coordinating center. The hospital coordinating center will gather the equipment and the personnel needed to handle the event. We don't need a state or national declaration of an event to mobilize our regional resources. The next step would be coordinating with the VDH and State EOC.	
OEMS Updates:	**a) EMS for Children – David Edwards** We are applying for our continuation grant next week. We have had some success with the mandatory reporting of child abuse issue. The EMS Advisory Board unanimously voted to endorse the concept so that in future legislature it will have a better chance of surviving. In the past, legislature was not passed because of a perceived lack of EMS support. I may be contacting some of you for assistance in finding the best contact person in your hospital. We will be performing online surveys of hospitals for pediatric readiness as part of the National EMSC effort in the federal grant system. **b) Statistician Report – Jodi Kuhn** The Trends document was distributed to everyone at the meeting. The first section is from the Trauma Registry and the second is from our Pre-Hospital Care Reporting. If you have ideas that would be interesting to include in next year's edition, please email me to let me know. We are starting to look at compliance and Paul will explain the Department of Rehabilitative Services (DRS) registry joining ours. Some of you will be getting calls from Russ Stamm about certain fields that you are not sending data for.	

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	c) Trauma Coordinator's Report – Paul Sharpe **WEBEOC** I'd like to thank Nancy Martin for coordinating the events at VCU yesterday. We had three meetings yesterday. The trauma registrars, trauma coordinators and some mid-level practitioners met and discussed some important issues. One of the items was WEB EOC and its use in alerting other centers when a trauma center goes on diversion. We are doing a similar project with the Medevac system, when a flight is turned down due to weather, they will alert the other systems as a safety factor. This program is mirrored after the WeatherShare Program in Colorado. This is the same alerting criteria that may be used for the trauma center diversion. Per Morris, the WEB EOC is the virtual EOC program software implemented with FEMA throughout the State of Virginia with several components including notification and alerting and a messaging system as well. The Medevac systems use WEB EOC on a daily basis to communicate weather information and other types of information. They can be selective as to who receives the notifications. During disasters, the Medevac system will participate in this program to actively share necessary information. This means of communication will not replace the current dispatching protocols. **Flex Grant** We had applied for a Flex Grant to do a State COT survey and the grant was not approved. I will include this again in budget for Fiscal Year 2009. **Trauma Designation** On yesterday, there was a question as to whether Emergency Physicians have to have ATLS. The answer is yes, they should. There was some discussion about being "board eligible". Per Morris, we will have Paul draft some language and have the discussion continued at the March meeting. It will be circulated to get your feedback and vote on it at the March meeting. Just so you know, UVA, Roanoke, Lynchburg, Riverside, VA Beach, Chippenham and New River will be reviewed this year. Six months ahead of your due date, I will send out a verification letter, letting you know that your site review is due. I ask that within 30 days, I get three proposed dates to host a site review. Once I get a team leader, I will give you the confirmed date. Applications will be due 60 days before the confirmed date so that I can go through them to make sure you can pass the review. Usually between 2 to 4 weeks the team will get their packets and the hospital will get the list of medical records and other items that may be needed. Still interested in training new surveyors. **Trauma Fund** The payments this fiscal year have been interesting to say the least. I sent out an explanation about the payments that have been sent out and the person's name in Fiscal who sends them out. If you have any further questions, please contact Henry Bosman at OEMS. I have alerted him that you may be calling. **Trauma Registry** Russ Stamm is not here today so, I can't tell you who is compliant or not compliant. I will say that there's	

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	been a lot of activity between me and the legislative parties as well as DRS about the Spinal Cord & Brain Injury Registry combining with the Trauma Registry. It is finally going to happen through the legislation this year. Some of you actually report to both and there is some duplication of reporting. We have no issue in taking this on as long as we don't have to redesign our system. I don't want to try to recoup emergency department information which DRS, by code, is supposed to be doing. I wanted the criteria to stay as it is for the trauma registry. With DRS coming on board, I asked Jodi to run a quality check, getting personal identifiers and there are some gaps. There are 25% not submitting names and addresses. So if you know that you are not giving personal identifiers, please try to give that information. **Medevac** The Division of Trauma/Critical Care also oversees the Medevac systems. We had some moving of bases without OEMS communication and proper notification which is required by regulations and law. The hospitals that are affiliated with them were not prepared. If you are affiliated with a Medevac facility, you are welcome to attend the Medevac meetings, just send me an email. The most recent event that occurred was SkyStat (affiliated with HCA) moved from Richmond to the Farmville area (Cumberland). No one was notified of this move. There was some major controversy over this at the last Medevac committee meeting. PHI is also planning a new base in Hopewell which affects Life Evac and the State Police air medical agencies. On the other hand, they are making some positive progress. They have been working on a series of Best Practices which we've been working on for a couple of years. This has been moving forward very nicely. **DDNR** We have submitted a Notice of Intended Regulatory Action (NOIRA) to update the regulations and are awaiting an update. We will share the outcome with you when received. **Stroke Designation** OEMS has submitted a stroke designation legislature this year. OEMS wants to create a stroke designation process. **Miscellaneous OEMS Items** There is an 80+ page bill that will be passed on to legislature, concerning where the OEMS should be located in state Government. There is talk of elevating OEMS to a Department under the Secretary of Health or move us to the Department of Public Safety. Once it has a bill number, I will share it with you. The Emergency Operations & Training Divisions will be moving to Technology Park Drive, Glen Allen, next to the Department of Fire Programs by January 15. Lou Ann Miller – I have lost the criteria for Beta submission. Can someone please send me that information?	

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	Mr. Reece is asking everyone to consider serving on the trauma panel. Please contact Paul if you are interested in participating in this exercise. There will be a meeting prior to the next meeting in March. D. Malhoutra stated that there was some concern involved as to the report to the governor for the continuation. How has that gone, are we doing the job that they dedicated the money to do? Paul stated that he has not received feedback. When the general funds were cut, the reporting requirement may have fallen down in their priorities. Kathy Butler stated that we had discussed adding a second column on our accounting sheet that would reflect more of a budget; so we could compare what we anticipate spending and what we actually spent. Did we decide to go forward with that? Paul said that we decided to add that on in the next Fiscal Year, beginning July 2008. Forrest Calland wanted to comment on the registry data. It is important to note that firearm death is the leading cause of death for African Americans under the age of 45 in the entire country. There are several counties in Southwest Virginia that are above the ninetieth percentile nationally in terms of firearm deaths. It would be nice to focus on some of those issues. Also, if you look at special problems like ATV injuries. Per Jodi, the Division of Injury and Violence Prevention at VDH creates an annual report that includes all of that information, but I agree that having special focuses within trauma is something that we could include next year. Mr. Calland also stated that OEMS could look at a Chart/flip Book published by the CDC in 1997 that addresses those things nationally and it would be nice to compare Virginia with other states nationally in a publication like this. Nancy stated that yesterday, the Director of the VDH, Injury, and Violence Prevention office, Erima Fobbs, spoke at the coordinator's meeting. She presented some data statistics comparing Virginia nationally. She gave us some websites to go to where you could put together your outline of Virginia and how it compares nationally. The data comes from the ICD-9 codes from the hospitals. Per Nancy Martin they are lacking a lot of ED data. No one is collecting that data and that's a huge population being missed in the state and nationally. Lou Ann Miller commented that when they are using the VHI data versus the registry data, a lot of the hospitals are clinical reimbursements versus traumatic injuries. So the data that they are getting is skewed by using the VHI data. Jodi does not disagree. Kathy Butler wanted to go back to the trauma funding. She spent four days with the Trauma Program Manager at UNC Chappell Hill and we should be very proud of the state that we have some trauma fund reimbursement. They do not have trauma fund reimbursement and are trying to establish it now. They are very interested in what we've done and how we've done it. I recommended that she go to the OEMS website. I think we deserve a pat on the back that we've been as successful as we have.	
Trauma Center Updates:	**Winchester Medical Center, Lisa Wells –** We just recently hired our 5th neurosurgeon. We also recently hired another orthopedic surgeon. We are desperately in search of ENT and Oral surgeons.	

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	UVA, Dr. Calland – Jeff Young and I recently attended the Advanced Trauma Operative Management Course in Baltimore. Jeff has become certified as an instructor and I'm on the path to do that as well. Jeff and I would like to see UVA become a center to host these courses in the future. The course teaches surgical procedures in the OR on injured patients. Trying to invigorate our registry and PI process. Trying to create a brief intervention program for patients who screen at risk for alcohol related injuries. We are in desperate need of training for people who have volunteered for these interventions. **Mary Washington Hospital, Larry Roberts –** We are hoping to apply for designation by late spring. We are in a very aggressive building process, collecting staff, and organizing a trauma panel. **Barbara Hawkins – No report/comments.** **VCU Medical Center, Nancy Martin –** In October 2008, VCU will host the South Eastern Burn Conference. Hopefully our Critical Care Bed Tower and Burn Unit will be open. VCU hosted the Committee on Trauma Resident Research Paper Competition. There were about 15 trauma related research papers submitted. I will be posting the dates for the 2008 ACTN courses; they will be in March, May and October. The East meeting in January, two of our attendees will be sitting on panel discussions. We are going into the third year for the training of the special ops forces. Tampa does this training also. They are trained at our facility and then they go to Iraq and Afghanistan. It's been very rewarding and sad because we get follow up and we've lost some of the guys that went to those countries. At the June meeting, Dr. Ivatory requested special dispensation for a trauma attendee pilot program, what is the status of the program? Per Nancy, the program started in mid August. There is a growing support of the program, but the opposition is much stronger. It has since been stopped. **Centra Health/Lynchburg General Hospital, DeeDee Soyars** – Dr. Batts is in Iraq, the hospital hired a locum surgeon in his absence. We are in need of a neurosurgeon. Dr. Batts was equipped with a computer that he can satellite in to the hospital and he is working on a lot of trauma audit filters during his downtime. **Southside Regional Medical Center, Elton Mabry –** We have been busy with the move into the new hospital in July next year. We are evaluating our alert activation process to get the patients up to a level I a little quicker. **Chippenham Medical Center, Mindy Carter –** We successfully underwent our re-verification review in September**.** We were placed on provisional status. We are continuing to restructure our programs and processes and we are happy with the review. Dr. Hyslop congratulated and thanked Mindy for doing a wonderful job. **INOVA Fairfax Hospital, Denice Greene –** We successfully went through re-verification in October with no deficiencies. Dr. Dwyer will return from Afghanistan December 21. We have a presentation on Pedestrian Injury at East. We've added another pediatric neurosurgeon in November. We've incorporated	

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	Safe Kids into our trauma service departments. We will be the regional coalition coordinators in Virginia. We launched our alcohol screening and brief intervention this summer and we are capturing about 90% of the population for screening and about 50% for intervention. This has been in process for about 4 months. We also launched the ACS program. We're expanding our trauma prevention coalition for 2008. **Regional Medical Center, LouAnn Miller –** PA started in September. We will have our regional trauma symposium on April 4th; the theme is Violence in our Community, The Impact of Penetrating Trauma. We will deal with gunshot wounds and stabbings. We have revamped roles & responsibilities of our trauma team letting everyone know their role during a trauma. We've had a lot of turnover in staff, so we needed to educate our staff regarding this. We are starting to do audio visual recordings. We will get the equipment in a couple of weeks and hopefully in January we can start recording our trauma codes. We will use it for teaching and QI purposes. **Sentara VA Beach General, Leanna Harris –** Hired a new trauma coordinator 7 weeks ago, which is me. We've also hired our second neurosurgeon. We are also in need of maxillofacial and plastics services. The next nine months will be busy for us. We have our re-verification in the fall and we are undergoing renovation and expansion of our ED. We are also implementing electronic medical records throughout the hospital in the nine months. I'm very excited about our new inpatient rehab unit that will be opening in February under the direction of Dr. Firestone. **Sentara Norfolk General Hospital, Valeria Mitchell –** In October we had a critical care trauma symposium, and offered a 2-day workshop. There were about 160 participants. We hired a nurse practitioner who starts in January. We also obtained support and approval to hire a data analyst. Hope to have this position filled soon. We are also sponsoring the American Burn Association's ABLS course at our hospital. We have 22 members of our team that are planning to attend. Our plan is to have some individuals meet the criteria to become instructors and attend the Burn Conference at MCV in October, then we can continue to offer the course a couple of times a year. **ACEP, Stanley Heatwole –** The winter meeting for the Virginia Chapter of Emergency Physicians will be at Wintergreen, January 22-25, 2008. The first two days will deal with ultrasound, the third day is the difficult airway course and the last day is LLSA, which is the concurrent review for the year 2005. **Carilion Roanoke Memorial Hospital, Andi Wright** – Our first trauma nurse specialist is with us today, Ellen Harvey. We are so pleased to have her. We just started having our 24 hour resident coverage in our neuro-trauma ICU so we now have a senior surgery resident who is only there during the night. We are in the mist of having our Sim lab completed. We have one Sim man and another one on the way. We will use it for some trauma nursing as well. I am very pleased to announce that trauma service dashboard has been adopted as a template for the hospital quality council and that credit goes to Crystal Henderson. Surgical critical care is being developed at our hospital and is in the infant stage. We have another trauma surgeon who is in Iraq or Afghanistan and will be joining us in April. We are still interviewing for two other trauma surgeons. We just started our neurosurgery residency program and we have our first three so far. We hired our last PA and a Neuro-CNS. Symposium is Monday and is sold out.	

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	VHHA, Susan Ward – I was asked to give an update on alternate standards of care and legislation that would deal with liability of health care providers during a critical resource shortage such as ventilators in a Pan Flu situation. The VHHA started this work last year with Troutman Sanders and a joint subcommittee picked it up and did some work on it this past year. They agreed to a proposal that would provide immunity for paid health care providers, not volunteers. The proposal includes five principles that the VHHA supports. This bill will be introduced this legislative session, so be on the look out for it. It was asked if other states have gone forward with this type of legislation. Troutman Sanders did a lot of research on this, but the answer is yes. Elton brought up the fact that drills need to be done more often than once a year. Per Morris, in the first week of June there will be mandated Pan Flu drills. It will be repeated in October. Nancy stated that for a couple of years she has had an interest in Geriatric Trauma Care. She is hoping that we could do a state report about geriatric trauma care within the commonwealth. I think there is a lot of implications coming with the baby boomers coming of age and the financial implications as well such as Medicare reimbursements and looking at our guidelines of how we care for these patients. Roanoke will work with Nancy.	
Action Item:	Yesterday at the trauma coordinator's meeting there was an issue of re-evaluating how the trauma triage plans are developed on a regional basis. They are looking at how the system is working now and make a recommendation of ways to improve or replace the current system at the March meeting. Per Nancy, in the last four years, she has had three times where, what happens if the Level I goes down. In October, we had a fire and for a brief period of time we were unsure of whether we could keep the emergency department and some of our inpatient units open. We were still able to take trauma at that time, but we were still questioning. It came to me that if MCV had to go down for 24, 48 or 72 hours, how is the triage system set up. How and who will communicate to others to get patients to another trauma center in the event that MCV is down for 48 or 72 hours? It is not clearly written in the case of a hospital disaster such as a fire.	**Paul & Morris will discuss this matter with the trauma nurse coordinators to make this system work and give a report at the next meeting.**
Old Business	None.	
New Business	None.	
Adjournment	Meeting was adjourned at approximately 2:00 p.m. The next meeting is March 6, 2008.	